CLAY COUNTY JOINT PLANNING AND ZONING COMMISSION

CLAY COUNTY COURT HOUSE 111 W FAIRFIELD CLAY CENTER, NE 68933

Office: 762-3868 / Cell: 469-3688 CONSTRUCTION PERMIT APPLICATION

Date:	Parcel ID#:			Permit #:			
APPLICANT:	Ad			·			
APPLICANT'S PHO	NE #:		email:	(optional)			
LOCATION OF PRO	PERTY:						
	Qu	arter Section		Section	ı - Townshi	p - Range	
IF IN CITY LIMITS:	Town	Dla alr#	<u></u>	A ddition		 Lot#	
APPLICATION IS F	10wii 0 R•	(CIRCLE AP	· PROPRIATI	E ACTION)		LOI#	
New Construction minimum) R1 D	Addition istrict-New C	Change in Construction (1	Use Moving acre minimu	g Ag Distrio m)	ct-New Constru	ction (3 acre	
Manufactured Home	(snall meet the r	equirea regulation	is before placeme	ent on a lot)			
ZONING DISTRICT Agricultural, R Is this <u>AG property</u> in	1 (Rural Resi	dential), R	,	sidential),	Industrial,	Commercial	
PROPOSED USE:			#	OF STORIE	/S:		
Distance structure wi	ll be from:						
A. Front property line	e or <i>edge of ri</i>	ight of way:		B. Rear pro	perty line:		
	nt property line or edge of right of way:B. Rear property line: e property line:						
DIMENSIONS OF PI	ROPERTY (or # of ACRES	d):		ited <u>on</u> your proj PE OF LOT co		
DIMENSIONS OF ST	TRUCTURE:	:				_	
Grain Bin Info:	dian	ieter	bushels		# of rings		
ESTIMATED COST	OF CONSTI	RUCTION:					
TYPE OF CONSTRU	CTION: W	ood Metal P	Pole Shed Co	oncrete Othe	r:		

For any improvements valued more than \$1,000.00 a fee of twenty five dollars (\$25.00) must accompany this application. **Payable to the Clay County Treasurer**. A late fee of fifty dollars (\$50.00) is possible if construction of walls, altering the footprint of a structure, or moving in of a structure has already begun. **ALL FEES ARE NONREFUNDABLE**. There is no fee for Ag buildings per State Statute regarding Ag Buildings: 23-114.04.

If the work described has not begun within six (6) months from the date of issuance, the permit shall expire. If the work described has not been substantially completed within two (2) years, the permit shall expire and be cancelled and a new Zoning Permit shall be required. (continued next page $\rightarrow \rightarrow$)

The application information is, to the best of my knowledge, true and accurate. I understand and agree that the following shall constitute sufficient grounds for revocation of the Permit:

- 1. Any error, misstatement or misrepresentation of fact, made by me, with or without intention on my part, which might, if known by the Zoning Administrator, cause disapproval of the application;
- 2. Any alteration or change in the plans made by me without the knowledge and approval of the Zoning Administrator, subsequent to the issuance of the Zoning Permit.

The county assessor receives one copy of this application for their records.

Depending on the type of structure, the assessor <u>may require</u> a floor plan of a proposed building or addition. It is your responsibility to give that information to the assessor's office.

Applicant's Signature ______ Date _____

INCLUDE A DRAWING ON A SEPARATE SHEET OF PAPER

(An aerial view is acceptable)

Show the dimensions and shape of the lot; location of any existing building(s) on the lot; location and size of the new structure and distances to the front, side, and rear of the lot lines; elevation of building, if it is in a floodplain. This application is not acceptable unless all required information is furnished.

Official Use Only

DATE APPLICATION <u>APPROVED</u> :	SIGNED: _	
FEE PAID :		Zoning Administrator
DATE APPLICATION <u>DISAPPROVED</u> :		
REASON FOR DISAPPROVAL:		
DATE APPLICATION APPROVED FROM APPEAL:		
ZONING ADMINISTRATOR SIGNATURE:		DATE:
(SIGN ON A	APPROVAL ONLY	Y)